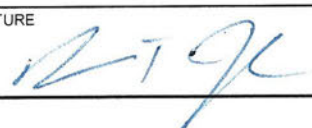


## EXHIBIT 2

RECORD OF <input checked="" type="checkbox"/> VISIT <input type="checkbox"/> CONFERENCE OR <input type="checkbox"/> TELEPHONE CALL		TIME 12:00 PM	DATE 08/09/2016
NAME(S) OF PERSON(S) CONTACTED OR IN CONFERENCE AND LOCATION William (Bill) Dause at Parachute Center, Acampo, Ca.		ROUTING	
		SYMBOL	INITIALS
			DTJ
SUBJECT Tandem Incident of Mr. Yonghyeon Kwon performing a tandem parachute			
operation with a Mr. Tyler Turner at the Lodi Parachute Center			
DIGEST Asked Mr. Dause if he had seen the video of the Incident from cameraman Denys Somin.			
Mr. Dause said "yes" he had seen the video and the still pictures printed from the video			
that Pete Swan had printed from his analysis of the jump events.			
Mr. Dause stated there was a sequencing problem with the jump.			
Mr. Dause submitted a package of paperwork that was the still pictures from Pete Swans			
printed analysis of video.			
Mr. Dause submitted Mr. Yonghyeon Kwon USPA documents that appeared to be USPA membership,			
A License and Canopy applications. Also USPA & UPT Tandem course application. All of these			
documents were very hard to read (light print ink).			
Mr. Dause explained that the documents he has are light in print and the copy machine			
cannot make it darker.			
Mr. Dause stated that a Curtis Bates was the pilot of aircraft N153KD used in this			
parachute operations.			
CONCLUSION, ACTION TAKEN, OR REQUIRED			
ASI completed tandem incident investigation Sept 7, 2016, FAA Incident form 8020-23 with			
technical report of the jump sequence, investigation findings and issues. Opened			
Enforcement Investigation Report (EIR) with FAR 105.45(a)(1)(iii), (iv) & (v) and CFR Title			
49 §1540.103 (a)(b)&(c) violations cited on Bill Dause.			
DATE 09/07/2016	TITLE Aviation Safety Inspector	SIGNATURE 	

DIGEST (CONT)

9/1/16 Returned to the Parachute Center with Inspector DeSeelhorst to follow up on aircraft N153KD.

Mr. Dause produced a copy of Arron Booth New Zealand Parachute Association card with endorsement D, ratings Jumpmaster, Tandem and Strong Vector & Sigma. Mr. Booth had flown with Turners friend Quinan. Confirmed with Mr. Dause that USPA does not recognize foreign tandem instructor cards.

Gave Mr. Dause a pilots bill of rights flyer for apparent F.A.R \$105.45 (a) (iii) (iv) & (v) violations.

Mr. Dause also stated Rob Pooley and his USPA examiners rating was suspended by the USPA since July 2015 and he agreed Pooley was not authorized to conduct tandem courses.





**United States  
Parachute Association**  
5401 Southpoint Centre Boulevard  
Fredericksburg, VA 22407-2612  
(540) 604-9740, fax: (540) 604-9741  
e-mail: membership@uspa.org

## USPA New or Renewing Membership Application

06/20

NAME: FIRST (AND MIDDLE)

LAST

MAILING  
ADDRESS:

CITY

STATE

ZIP CODE

COUNTRY

E-MAIL ADDRESS

SEX

DATE OF BIRTH

PHONE NUMBER

FAX NUMBER

M/F

MO DY YR

Join or renew online at [www.uspa.org](http://www.uspa.org) to save a stamp and help keep the cost of dues down.

### Domestic Membership:

(includes standard magazine delivery)

- ☒ New member: .....\$65  
☐ Renewing or expired members: .....\$55  
☐ **Optional** upgraded magazine delivery (add): .....\$30  
☐ Lifetime Membership\*: .....\$1,000

### Foreign Membership:

(includes standard magazine delivery)

- ☒ New member: .....\$74  
☐ Renewing or expired members: .....\$64  
☐ **Optional** upgraded magazine delivery (add): .....\$41  
☐ Lifetime Membership\*: .....\$2,500

\*(includes standard magazine delivery) Rating fees and upgrades are not included with lifetime membership and must be added to the total payment.

### Ratings:

- ☐ Instructional rating renewal fee: .....\$30  
**Signature verification required** (see reverse side)  
☐ PRO rating renewal fee: .....\$15/\$35  
**Signature verification required** (see reverse side)  
 \$15 for renewal only; \$35 total for renewal,  
 plus optional new card (requires new 1" x 1" photo)

### Donations:

- ☐ U.S. Team Trust Fund: .....\$  
☐ Airport Access Defense Fund: .....\$

- ☐ **Expedited Processing:** .....\$20  
 Normal processing and delivery of membership card takes three to four weeks. Expedited processing with e-mail or fax confirmation (choose below) is done within 48 hours. Allow two weeks for delivery of card on expedites.  
☐ fax confirmation (number): .....  
☐ e-mail confirmation (address): .....

**Total Payment** (please add total and fill in): 74

U.S. payments by Visa, MasterCard, check or money order.

**All foreign payments must be by VISA or MasterCard.**

USPA dues, rating fees, and AAD Fund donations are not deductible as charitable contributions for federal income tax purposes.

☐ Check here if you do **not** want your name to appear on a mailing list occasionally sold by USPA. (does not include e-mail or telephone).

### Please take a moment to answer some important questions:

My preferred method of communication with USPA is:

☐ phone ☐ fax ☐ postal mail ☒ e-mail.

What is your profession? student

Total sport jumps in the last 12 months: 500

Total sport jumps to date: from 03/2013

Malfunctions in the last 12 months: 1 (one time)

Number of skydiving injuries requiring a medical care facility in the last 12 months: NO

Did you participate in USPA Safety Day this year? NO

**Complete if you are an expired or rejoining member:**

USPA membership number: \_\_\_\_\_

USPA license numbers:

A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_

Year membership expired: \_\_\_\_\_

Total number of years as a USPA member: \_\_\_\_\_

### Support your U.S. Team and your right to skydive!



U.S. Parachute Team Trust Fund! Help support U.S. Teams. Please add your tax deductible contribution to your total payment. Thank you!



Airport Access Defense Fund! Help support the fund to keep drop zones open. Please add your donation to your total payment.

If paying by credit card:



Expiration Date

11/19

4854800110797182

Cardholder Signature: [Signature]



POOLEY 00022244



## USPA CANOPY PILOTING PROFICIENCY CARD

## CANOPY PILOT INFORMATION

Name: Yuri Garmashov  
 USPA Number: 155136 Expiration Date: 1/1/24  
 Mailing Address: 515-10 NW 60th Street - Long  
 Add'l Address: SEVEN 5009  
 City: SEVEN 5009 State: FL Zip or Postal Code: 33004 County: SEVENTH FLORIDA  
 Weekend Phone: ( ) ( ) ( ) E-mail: YURI.GARMASHOV@AOL.COM  
 License Number: 155136 Total Spot Jumps: 553  
 Canopy Type and Size: KATO 120

## INSTRUCTIONS

This completed and signed canopy proficiency card is required to obtain a USPA B license. Candidates must include a copy of this card with the USPA B license application to USPA Headquarters in order for USPA to issue the B license. USPA does not issue advanced canopy ratings or qualify canopy piloting instructor examiners.

USPA requires drop zone management to verify the qualifications of the S&TA and verifying officials. A current USPA Safety & Training Advisor (S&TA), Instructor Examiner, Coach Examiner, or Board member must verify that the training has been completed by endorsing this proficiency card. See Section 6-10 of the USPA Skydiver's Information Manual (SIM) for the course director requirements. Candidates must perform these training jumps during dedicated clear-and-pull skydives from at least 5,000 feet.

**Canopy Pilot:** By observing recommendations outlined in Section 6-10 and 6-11 (and other related sections) of the SIM, you have exhibited a level of commitment to safe canopy piloting.

## TRAINING

## Reviewed SIM Section 6-10

Authorized Signature: Rob PooleyUSPA Membership or License Number: 155136Date: 6/14/14

## Reviewed SIM Section 6-11

Authorized Signature: Rob PooleyUSPA Membership or License Number: 155136Date: 6/14/14

## CANOPY DISCOVERY DRILLS

## 1) Evaluation Jump

- Collapse slider
- Loosen chest strap
- Check brake line length
- Practice flares up high
- Plan and execute a distinct downwind, base and final approach

Verifying Official's Name:

Rob Pooley

Signature: Rob PooleyLicense: D-24848Date: 6/17/14

## 2) Basic Aerodynamics, Effective Flaring and Riser Turns:

- Practice flares, free with eyes open
- Practice flares, free with eyes closed
- 90, 180, 360-degree turn with rear risers
- 90, 180, 360-degree turn with front risers
- Plan and execute a distinct downwind, base and final approach

Verifying Official's Name:

Rob Pooley

Signature: Rob PooleyLicense: D-24848Date: 6/17/14

## 3) Flat Turns and Braked Canopy Flight

- Flare from 1/4, 1/2, 3/4 brakes (simulated landing)
- 180-degree braked turn (1/4, 1/2, 3/4 brakes)
- Plan and execute a distinct downwind, base and final approach
- Land from half-braked position

Verifying Official's Name:

Rob Pooley

Signature: Rob PooleyLicense: D-24848Date: 6/17/14

## 4) Stalls and Crosswind Landing

- Rear riser flare (simulated landing)
- Full rain-air stall using toggles
- Full rain-air stall using rear risers
- Plan and execute a crosswind oriented downwind, base and final approach

Verifying Official's Name:

Rob Pooley

Signature: Rob PooleyLicense: D-24848Date: 6/17/14

## 5) Long Spot

- Return from long spot
- Comparison:
- Using toggles
- Using rear risers
- Plan and execute a distinct downwind, base and final approach

Verifying Official's Name:

Rob Pooley

Signature: Rob PooleyLicense: D-24848Date: 6/17/14

## SIGNATURE IDENTIFICATION (S&amp;TA, IE, CE, BOD)

(Print Name): Yuri Garmashov(Signature): Yuri GarmashovUSPA Membership or License Number: 163264



# UNITED STATES PARACHUTE ASSOCIATION® LICENSE APPLICATION

(Please type or print.)

Name Yen Ghyeon Kwon

Street Address 515-10 Hwangseong-dong

City Gyeongju State Gyeonggi-do Zip 78084

Country South Korea U.S. Citizen ☐ Yes ☒ No DOB 1/25/71

USPA # Pending X 71557

Signature of Applicant

License Number(s) Issued:

Type ☐ B ☐ C ☒ D

\$ 30 License Fee (\$30 each license)

\$ 30 Expedite with fax or email confirmation (add \$20)

\$ 30 Total Phone # 94317701

Fax # or email address 94317701@naver.com

U.S. payments: Mail check or money order payable to "USPA" or pay by VISA, MasterCard or Discover. No foreign checks or money orders.

☒ VISA ☐ MASTERCARD ☐ DISCOVER OR ☐ check Make U.S. checks only payable to "USPA."

month year 3 digit security code on back of card

## 2. SKILL TABLES

Fill in the number of the highest license you currently hold and all the information requested for each license that is higher than the one you currently hold, up to and including the license you are applying for. For each license requirement met, write in either the number of the jump, the date of the training, or the score, accordingly. The verifying official must initial each block of the skill verification table and sign the verification box. Refer to the Skydiver's Information Manual, Section 3, for specific requirements.

A #        LICENSE Number\*

B #        LICENSE Number (or fill out below)

C #        LICENSE Number (or fill out below)

D #        LICENSE Number (or fill out below)

**3. KNOWLEDGE**

A USPA Instructor administers the written exam(s) (B, C, and D licenses), records the passing score(s) in the skill table(s), and initials the box(es).

\*If applying for A-license provide a photocopy of a completed USPA A-license Application, signed by a USPA Instructor, Instructor Examiner or member of the USPA Board of Directors.

Requirements	Jump No. or date	Initial
Accuracy (10 jumps)	0	
Maneuver	4, 5, 14	
Steady Training	50	
Group Course (See SISA 5.4)	4, 28, 14	
Exam Score	100	

Requirements	Jump No. or date	Initial
Accuracy (25 jumps)	0	
Maneuver	5, 6, 15	
Steady Training	100	
Exam Score	100	

Requirements	Jump No. or date	Initial
Night Jump #1	458	
Night Jump #2	489	
Exam Score	100	

NOTE: License applications must be signed by a verifying official.

A D-license application requires the signature of a member of the USPA Board of Directors, a Safety & Training Advisor or an Instructor Examiner.

Application for B and C licenses may be signed by any current USPA Instructor or higher.

## 4. VERIFICATION (Please print or type)

I certify that I have personally checked the applicant's high school and found documentation that the applicant has met all applicable requirements as specified in the Skydiver's Information Manual, Section 3.1.

Name of verifying official (Print legibly)       

Signature of verifying official        Date 6.26.16

Membership number and title       

NOTE: D LICENSE REQUIRES SIGNATURE OF 1A, 1A OR HIGHER.

## 5. CHECK LIST

- ☐ Experience table completed—Block 1.
- ☐ All appropriate boxes on skill table completed—Block 2.
- ☐ Signature (in verification box) of appropriately-rated verifying official—Block 4.



# COACH RATING COURSE PROFICIENCY CARD

**CANDIDATE:** Refer to the rating requirements listed in the Introduction and Orientation section of the USPA Coach Rating Course outline in the USPA Instructional Rating Manual. Some requirements are listed there alone, and some are listed only on this proficiency card.

Sign-off dates may not be more than 24 months old as of the course start date. Many requirements may be performed in conjunction with a USPA Coach Rating Course.

**VERIFYING OFFICIALS:** Use this form to record that the candidate has met all necessary requirements for the USPA Coach rating. The level of official verification is indicated with each requirement. Each of the undersigned certifies that he or she has personally verified those qualifications listed.

## USPA COACH RATING APPLICATION

Name YongHyeon Kwon USPA #: Pending Expiration Date:      /      /     

Mailing Address 414-10, Hwangseong-dong,

Add'l. Address     

City Gyeongju-si State Gyeongbuk Zip or Postal Code 78084 Country South Korea

Weekday Phone (      )      E-Mail 94317@naver.com

DOB: 01/25/1991 Sex: ☒ M ☐ F Occupation: student

License Number: pending (Must be USPA or FAI B or higher)

Total Freefall Time: 28955 sec. Total Sport Jumps: 553

Applicant's Signature (for future authentication purposes): [Signature]

\$35 Rating Fee: ☐ Paid by candidate with application ☐ Returned with After-Action Report



4854800110797182

expiration date: 11 / 19

Signature: [Signature]

I certify that YongHyeon Kwon has:       
name of candidate

### BEFORE THE USPA COACH RATING COURSE:

1. Correctly answered at least 80% of the questions on the USPA Coach Final Examination.

[Signature] 6.28.16  
Course examiner signature Date

2. Assisted in one complete solo first-jump course.

[Signature] 6.28.16  
USPA Instructor signature Date

### AT THE USPA COACH RATING COURSE:

3. Successfully conducted two satisfactory training sessions from the topics listed in the Coach Rating Course Evaluation outline.

[Signature] 6.28.16  
Evaluator signature Date

[Signature] 6.28.16  
Evaluator signature Date

4. Demonstrated the ability to teach the following topics from Categories F-H of the ISP.

[Signature] 6.28.16  
• floater exit Evaluator signature Date

[Signature] 6.28.16  
• diver exit Evaluator signature Date

[Signature] 6.28.16  
• forward and dock Evaluator signature Date

[Signature] 6.28.16  
• fall rate Evaluator signature Date

[Signature] 6.28.16  
• tracking with awareness Evaluator signature Date

5. Demonstrated the ability to conduct a satisfactory debriefing.

[Signature] 6.28.16  
Evaluator signature Date

[Signature] 6.28.16  
6. Correctly performed a pre-jump equipment check. Evaluator signature Date



Page 2 CANDIDATE NAME YongHyech Kwon Member # pending

7. Successfully completed two air evaluations.

[Signature] 6.28.16  
Evaluator signature Date

[Signature] 6.28.16  
Evaluator signature Date

8. Participated in all portions of the USPA Coach Rating

Course.

[Signature] 6.28.16  
Course examiner signature Date

RATING RECOMMENDATION

I have personally examined and recommend this applicant for the USPA Coach rating. He or she has demonstrated the ability to, under the supervision of a USPA Instructor, teach the general (non-method-specific) sections of the first jump course, conduct group freefall skills training, supervise students making group freefall training jumps, and conduct recurrency training and jumps with licensed skydivers.

[Redacted] 163264  
Course examiner name (please print) Member #

[Signature]  
Course examiner signature

Course Date 6.28.16

CA skydive school, Acampo  
Original Course Location

COURSE/EXAMINER VERIFICATION CHECKLIST

- ☐ Examiner membership and rating expiration date \_\_\_\_\_
- ☐ Course Location \_\_\_\_\_ (must be a current USPA Group Member drop zone)
- ☐ Course dates and location registered with USPA Headquarters on (date) \_\_\_\_\_
- ☐ Candidate USPA Membership expiration date \_\_\_\_\_
- ☐ Full Course      ☐ Challenge Course (See Section 1 of course syllabus for requirements)



# TANDEM INSTRUCTOR RATING COURSE PROFICIENCY CARD

**CANDIDATE:** Refer to the rating requirements listed in the Introduction and Orientation section of the USPA Tandem Instructor Rating Course outline in the USPA Instructional Rating Manual. Some requirements are listed there alone, and some are listed only on this proficiency card.

Sign-off dates may not be more than 24 months old as of the course start date. Many requirements may be performed in conjunction with a USPA Tandem Instructor Rating Course.

**VERIFYING OFFICIALS:** Use this form to record that the candidate has met all necessary requirements for the USPA Tandem Instructor rating. The level of official verification is indicated with each requirement. Each of the undersigned certifies that he or she has personally verified those qualifications listed.

\*Current USPA Instructors need not meet starred requirements

## USPA TANDEM INSTRUCTOR RATING APPLICATION

Name Yong Hyeon Kwon USPA #: pending Expiration Date: 1/1/1

Mailing Address 514-10, Hwangseong-dong

Add'l. Address \_\_\_\_\_

City Gyeongju-si State Gyeongbuk Zip or Postal Code 38084 Country South Korea

Weekday Phone (\_\_\_\_) \_\_\_\_\_ E-Mail g.k317@naver.com

DOB: 01/25/1991 Sex: ☒ M ☐ F Occupation: student

License Number: pending (USPA or FAI D license required.)

FAA Medical Exp. Date 6/30/16 (include copy of medical with this application)

Total Freefall Time: 28955 Sec. Total Sport Jumps: 253 (minimum 500 required.)

Applicant's Signature (for future authentication purposes): [Signature]

\$50 Rating Fee: ☐ Paid by candidate with application ☐ Returned with After-Action Report



4854800110797182

expiration date MO 11 YR 19

I certify that

Signature: [Signature]

Yong Hyeon Kwon

has:

name of candidate

**PRIOR TO ARRIVAL AT THE USPA INSTRUCTOR RATING COURSE:**

1. Assisted in two tandem first-jump courses toward Category A requirements.

[Signature] 6.27.16  
USPA Tandem Instructor signature Date

[Signature] 6.27.16  
USPA Tandem Instructor signature Date

2. Assisted in two Category B tandem ground preps.

[Signature] 6.28.16  
USPA Tandem Instructor signature Date

[Signature] 6.28.16  
USPA Tandem Instructor signature Date

3. Assisted in two Category D ground preps.

[Signature] 6.29.16  
USPA Instructor signature Date

[Signature] 6.29.16  
USPA Instructor signature Date

4. Observed ground preps in Categories B, C, E, and F.

[Signature] 6.29.16  
USPA Instructor signature Date

5. Correctly taught freefall stability and basic freefall maneuvers, including freefall turns, backloops, barrel rolls, front loops, and tracking.

[Signature] 6.29.16  
USPA Instructor signature Date

6. Prepared an effective canopy flight plan and provided ground-to-air (for example, radio) instruction for winds up to 14 mph.

[Signature] 6.29.16  
USPA Instructor signature Date

7. Participated in the spotting and aircraft lessons from Categories D through H (or equivalent training).

(initials:) Category D [Initials] Category G [Initials]  
Category E [Initials] Category H [Initials]  
Category F [Initials]

[Signature] 6.29.16  
USPA Instructor signature Date



Page 2

CANDIDATE NAME

Yonghyeon Kwon

Member #

pending

8.\* Demonstrated five practice tandem cutaways wearing tandem equipment and with a simulated student in the student harness in the presence of a USPA Tandem Instructor or Tandem Instructor Examiner.

1. Supervising USPA Tandem Instructor signature Date

9.\* Made 10 jumps to teach and observe basic group freefall skills (verification of 10 entries in the candidate's logbook).

Course Examiner's signature Date

10. Correctly answered at least 80% of the questions on the USPA Tandem Instructor Final Examination.

Course examiner signature Date

AT THE USPA INSTRUCTOR RATING COURSE:

11. During tandem jumps, demonstrated the ability to perform all the following:

- Establish and maintain stability throughout the jump.

Evaluator signature Date

- Recover from intentional, planned instability on exit.

Evaluator signature Date

- Heading control during tandem freefall and droguefall.

Evaluator signature Date

12. Earned a score of Satisfactory on all sections and sub-sections of the Tandem In-Air Skills and Instruction Evaluation Form and the Training, Supervision, and Debriefing Evaluation Form.

Course examiner signature Date

13. Correctly and completely rigged a simulated student for a tandem jump and completed a satisfactory pre-jump check of all associated systems.

Evaluator signature Date

14. Conducted five successful initial tandem evaluation jumps.

1. Evaluator signature Date

2. Evaluator signature Date

3. Evaluator signature Date

4. Evaluator signature Date

5. Evaluator signature Date

15.\* Correctly prepared and checked a solo student's equipment, including canopy selection, prior to rigging up.

USPA Instructor signature Date

16.\* Completed one satisfactory Category D freefall and canopy training session and air evaluation during a Tandem Instructor Rating Course.

Course Examiner signature Date

17. Participated in all portions of the USPA Tandem Instructor Rating Course.

Course examiner signature Date

18. Has a minimum of 3 years of experience in parachuting.

Course examiner signature Date

19. Conducted five practice tandem jumps.

1. Supervising USPA Tandem Instructor signature Date

2. Supervising USPA Tandem Instructor signature Date

3. Supervising USPA Tandem Instructor signature Date

4. Supervising USPA Tandem Instructor signature Date

5. Supervising USPA Tandem Instructor signature Date

### RATING RECOMMENDATION

I have personally examined and recommend this applicant for the USPA Tandem Instructor rating. He or she has demonstrated the ability to train and jump with tandem students and to train and supervise non-method-specific students for the USPA license.

USPA Tandem Instructor Examiner name and Member #

USPA Tandem Instructor Examiner signature

Date

CA Skydive School, Acampo, CA

Course Location

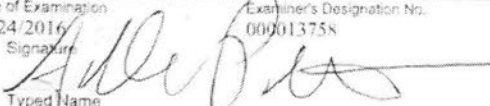
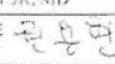
UPT Sigma

Tandem Equipment Used for Rating

### COURSE/EXAMINER VERIFICATION CHECKLIST

- ☐ Examiner membership and rating expiration date
  - ☐ Course Location (must be a current USPA Group Member drop zone)
  - ☐ Course dates and location registered with USPA Headquarters on (date)
  - ☐ Candidate USPA Membership expiration date
  - ☐ Full Course ☐ Challenge Course ☐ Mfg. Transition Course (tandem only)
- (See Section 1 of course syllabus for requirements)



UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration						
<b>MEDICAL CERTIFICATE THIRD CLASS</b>						
This certifies that (Full name and address): YONGHYEON KWON SR Skydive Lodi Parachute Center 23597 North Highway 99 Acampo CA 95220 USA						
Date of Birth	Height	Weight	Hair	Eyes	Sex	
01/25/1991	69	144	BLACK	BLACK	M	
has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.						
Limitations	None					
Examiner	Date of Examination 06/24/2016		Examiner's Designation No. 000013758			
	Signature 					
	Typed Name ALLEN E. PRIEST JR, MD					
AIRMAN'S SIGNATURE 						
Applicant ID: 2002015651 Control No.: 200067391944						

FAA Form 8500-9 (3-12) Supersedes Previous Edition NSN: 0012-00-070-7902



AEROSPACE MEDICAL CERTIFICATION DIVISION, AAM - 300  
FAA Civil Aerospace Medical Institute  
Mike Monroney Aeronautical Center  
P.O. Box 26080  
Oklahoma City, OK 73125-9914

YONGHYEON KWON SR  
Skydive Lodi Parachute Center 23597 North Highway 99  
Acampo CA 95220 USA

Dear Airman:

Above is your new medical certificate. It supersedes any previous one you may have been issued.

To validate this certificate, it is necessary that you sign it in the space provided (Airman's Signature).

This certificate must be in your possession at all times while exercising your pilot privileges.

#### CONDITIONS OF ISSUE

The holder of this certificate must:

- Have it in his or her personal possession at all times while exercising privileges of an airman certificate. (14CFR § 61.3)
- Understand that the issuance of a medical certificate by an Aviation Medical Examiner may be reversed by the FAA within 60 days. (14CFR § 67.407)
- Comply with validity standards specified for first-, second-, and third-class medical certificates. (14CFR § 61.23)
- Comply with any statement of functional, operational, and/or time limitation issued as a condition of certification. (14CFR § 67.401)
- Comply with the standards relating to prohibitions on operation during medical deficiency. (14CFR §§ 61.53, 63.19, and 65.49)

For International Operations Only: Some holders may be affected by certain international medical standards. Consult the U.S. Aeronautical Information Publication for U.S. differences with ICAO Annex 1 medical standards.

Created on: Friday June 24, 2016



UNINSURED **UNITED PARACHUTE TECHNOLOGIES, LLC.**

VECTOR



8

SIGMA

## TANDEM INSTRUCTOR CERTIFICATION FORM

Name Yonghyeon Kwon Age 20 / /  
 Mailing Address 515-10 Hwangseong-dong \$ 50.00  
 City Gyeongju, U.S. State Gyeongbuk Zip 38084 Country South Korea  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-Mail 942170@naver.com  
 Date of First Jump 6/20/15 Number of Jumps 553  
 Instructional Rating(s) (Please attach copy) USPA Coach pending Current / Expired  
 USPA D-License/ Equivalent pending FAA Medical Certificate # (Please attach copy) see attached  
 Home Drop Zone Parachute Center National Aero Club USPA

## Applicant Training Record

Jump # Date Aircraft Name of Passenger Examiner's Comments and Signature

1.	6.27.16	tw'n offer	Solo	
2.	6.27.16	tw'n offer	gent ride	
3.	6.28.16	tw'n offer	Mike S.	
4.	6.28.16	tw'n offer	Mike S.	
5.	6.28.16	tw'n offer	Mike S.	

Name of Examiner (Please Print) [REDACTED]

## Cross-Training to a Vector Sigma from another Tandem Rating

	Date	Aircraft	Name of Passenger	Examiner's Comments and Signature
1.	/ /			
2.	/ /			

Name of Examiner (Please Print) \_\_\_\_\_

Applicant must possess a current tandem rating from another manufacturer, complete a Vector Sigma Tandem ground school, and complete a minimum of two Vector Sigma tandem jumps.